



# MAINE REVENUE SERVICES SALES, FUEL & SPECIAL TAX DIVISION EXEMPTION APPLICATION

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## INCORPORATED NONPROFIT ORGANIZATION FOR FULFILLING THE WISHES OF CHILDREN WITH LIFE-THREATENING DISEASES

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Name of Corporation \_\_\_\_\_  
Name of Organization \_\_\_\_\_  
Physical Location \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_

**The statute reads,** "Organizations fulfilling the wishes of children with life-threatening diseases. Sales to incorporated nonprofit organizations whose sole purpose is to fulfill the wishes of children with life-threatening diseases when their family or guardian is unable to otherwise financially fulfill those wishes." PL 1989, c.502, Pt. A, §130 (new).

*Is the organization incorporated?* Yes \_\_\_\_ No \_\_\_\_

*Has the organization received 501(c) nonprofit status from the IRS?* Yes \_\_\_\_ No \_\_\_\_

### IN ORDER TO PROCESS THE APPLICATION THE FOLLOWING *MUST* BE INCLUDED

1. Copy of the Articles of Incorporation, as well as a copy of the Constitution and/or By-law
2. Copy of the IRS determination letter indicating 501(c) nonprofit status
3. Please forward any publications issued by your organization which would provide details regarding purpose, mission and/or services offered, if applicable.

**Note:** All information contained on this application is subject to **VERIFICATION** by Maine Revenue Services. Maine Revenue Services may request additional information or documentation necessary to determine eligibility.

I hereby certify that \_\_\_\_\_ is an incorporated nonprofit organization fulfilling the wishes of children with life-threatening diseases. I therefore request that a sales/use tax exemption certificate be issued to the above organization pursuant to Title 36 MRSA 1760 (63).

Date: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Fed ID: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date Facility Opened: \_\_\_\_\_

Mailing address: Maine Revenue Service, P.O. Box 1060, Augusta, ME 04332-1060

APP-120 (Rev 10/05)